

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/744469**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4	1		1			
5	1		1			
6		1		1		
7		1		1		
8		3		1		
9	1		1			
10		①		4		
11		①		4		
12		①		4		
13		①		4		
14		①		4		
15	1		1			
16		1		1		
17		2		1		
18		①		1		
19		①				
20		①				
21		①				
22		1				
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50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		↓	27	↓		↓
TOTAL CLAIMS			33			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS